

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER 110008309605		T/A C		D	
LABEL ITEMS				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.					
I. EPA I.D. NUMBER									
III. FACILITY NAME				PLEASE PLACE LABEL IN THIS SPACE					
V. FACILITY MAILING ADDRESS									
VI. FACILITY LOCATION									
II. POLLUTANT CHARACTERISTICS									
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .									
SPECIFIC QUESTIONS				Mark "X"			Mark "X"		
				YES	NO	FORM ATTACHED			
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)					X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)		
				16	17	18			
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)				X			D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)		
				22	23	24			
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)					X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		
				28	29	30			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		
				34	35	36			
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		
				40	41	42			
III. NAME OF FACILITY									
1 SKIP John F Kennedy Center for the Performing Arts									
15 16 - 29 30 69									
IV. FACILITY CONTACT									
A. NAME & TITLE (last, first, & title)									
2 Cherry, Rodney, Director of Facility Services									
15 16 45 46 48 49 51 52 55									
B. PHONE (area code & no.)									
(202) 416-7933									
V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
3 2700 F Street NW									
15 16 45									
B. CITY OR TOWN									
4 Washington									
15 16 40 41 42 47 51									
C. STATE									
DC									
D. ZIP CODE									
20566									
VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER									
5 2700 F Street NW									
15 16 45									
B. COUNTY NAME									
NA									
46 70									
C. CITY OR TOWN									
6 Washington									
15 16 40 41 42 47 51 52 54									
D. STATE									
DC									
E. ZIP CODE									
20566									
F. COUNTY CODE (if known)									
NA									

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	7922	(specify) Theatrical Producers (except motion picture) and miscellaneous theatrical services							C	7	NA	(specify) NA						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. THIRD										D. FOURTH									
C	7	NA	(specify) NA							C	7	NA	(specify) NA						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?										
C	8	John F Kennedy Center for the Performing Arts																	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)										D. PHONE (area code & no.)										
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify) NA F A (202) 416-7933										
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

E. STREET OR P.O. BOX										F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
2700 F Street NW										Washington										DC		20566		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34						

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N	DC0000248							C	9	P	NA						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U	NA							C	9		NA						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R	NA							C	9		NA						
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## XI. MAP

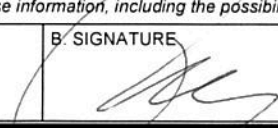
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

The John F Kennedy Center for the Performing Arts is a facility that serves a dual role as a Presidential monument and a performing arts facility. It is well over 1 million square feet and uses raw water from the Potomac River to operate its air conditioning system. The water withdrawn from the Potomac River provides non-contact cooling water for the condensers located within the facility. Since biofouling has not been a problem for the facility, current practice has been to not use additives. After the water is used for cooling purposes, it is returned directly to the Potomac River through a single outfall. Depending on the time of year, the water may be recirculated prior to discharge to optimize the intake water at 80 degrees Fahrenheit. Winter temperatures range from 68 to 83 degrees Fahrenheit with an average temperature of 81 degrees Fahrenheit. the pH values range from 6.0 to 8.5 with an average value of about 8.2.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Rodney A. Cherry Director of Facility Services		11/30/2017

COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16	17	18	19	20	21	22	23	24